

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | Cluain Arann Welfare Home & Community Nursing Unit |
| Name of provider:          | Health Service Executive                           |
| Address of centre:         | Avondale Crescent, Tipperary Town,<br>Tipperary    |
| Type of inspection:        | Unannounced  |
| Date of inspection:        | 18 June 2025                                       |
| Centre ID:                 | OSV-0000674  |
| Fieldwork ID:              | MON-0044950  |

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cluain Arann Residential and Community Nursing Unit is owned and managed by the Health Service Executive (HSE). The building was purpose built and first opened in 1979 as a single-storey construction. The centre is comprised of two units, a community nursing unit (10 beds) and a residential unit (20 beds). The community nursing unit has of two four bedded rooms and two single rooms with all bedrooms en-suite. The community nursing unit provides care for three categories of residents: • Palliative Care (two beds). • Respite/short term care (three beds). • Convalescent care (five beds). The residential unit accommodates 20 residents who it describes are independent and self-caring. The residential unit provides private accommodation in 18 single rooms and a twin bedroom. The twin room has an ensuite toilet and wash hand basin and one of the single rooms has full en-suite facilities with a shower. There is plenty of communal space including a large day room and separate dining room. Other communal accommodation includes a family room, an activities room, an oratory and a small library. The centre also has a smoking shelter. The community nursing unit has a separate day room, a nurse's station and a treatment room. Residents can access the grounds to the front and side of the premises and there are two enclosed gardens, one being a remembrance garden with seating and attractive flowers and shrubbery. The centre operates on a minimum of two nurses during the day and one at night who were supported by multi-task attendants.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 20 |
|--|----|

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date                   | Times of Inspection  | Inspector      | Role |
|------------------------|----------------------|----------------|------|
| Wednesday 18 June 2025 | 10:45hrs to 18:15hrs | Una Fitzgerald | Lead |

## What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were very happy with the service provided. Residents told the inspector that they were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. The inspector spoke with eleven individual residents. Without exception, residents were highly complimentary of the direct care received and stated the staff were kind and attentive to their needs. Residents described the staff as "exceptional". The management team were known by all residents spoken with. Residents were at the centre of all decisions made in the centre, with ongoing consultation and opinions sought on the running of the centre.

On entering the centre there was a relaxed atmosphere. The reception area was inviting and was decorated to a high standard. There was a welcoming feel to this area, with comfortable seating available to sit and relax. The premises was laid out to meet the needs of the current residents, and to encourage and aid independence. There was an ongoing maintenance programme in place. The corridors had all been recently repainted. New furniture had been bought for the dining room. Residents had been actively consulted on the changes to the centre and had picked the new colour scheme and the new curtains. Framed photographs, taken by residents, were hanging on the main corridor walls.

The centre is divided into two units. The residential care unit which can accommodate up to 20 residents, and the nursing unit which can accommodate ten residents. Bedroom accommodation comprised of single, double and multi-occupancy bedrooms. Many bedrooms were personalised and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. There was safe, unrestricted access to outdoor areas with manicured gardens for residents to use. On the day of inspection, the sun was shining and multiple residents spent time sitting outside. There was colourful potted plants which brought joy to the residents and added to the overall environment. Residents told the inspector that the gardens were an important part of their lives in the centre.

Residents told the inspector that they looked forward to the activities held in the centre, as they were entertaining and enjoyable. Activities held were of interest to the current residents. For example; pool competitions, quiz games and bingo. The games held had prizes that were purchased by the residents from local shops with monies raised through the recycling of plastic bottles gathered by the residents. The residents told the inspector that the days pass quickly. Multiple residents said that living within close proximity to Tipperary town was of significant importance as it allowed them remain connected to the community. Many residents regularly went down the town to go shopping, to attend mass, attend day care services or just catch up with friends. On the day of inspection, a small group of residents were

watching the horse racing and the atmosphere in the communal room was lively. Separately, other residents were out for a walk down the town.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that staff were very kind and always provided them with everything they needed to live comfortably. The inspector observed that there were multiple information notices on display for resident information including the details of advocacy services and how to make a complaint. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Resident meetings were held. Education sessions were held with residents. For example, presentation and discussions had been held on safeguarding and the management of fire precautions within the centre.

Staff were observed to respond to residents' requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care. Residents described how staff were prompt to answer their call bells and reported that they were not rushed by staff.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food. There was a fridge in the communal dining room for residents use only. In one of the communal day rooms, there was a kitchenette facilities for residents and visitors use.

Residents expressed their satisfaction with the laundry service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom. In addition, a small number of residents were supported to do their own laundry.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This inspection found that this was a well-managed centre, and that the quality and safety of the service provided to residents was of a very high standard. The findings reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. Residents, relatives and staff spoken with reported that the management team had a strong presence in the centre and were approachable and responsive to requests.

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The Health Services Executive was the

registered provider of the centre. There was a team of nurse managers, nurses, multitask attendants, catering and maintenance staff. All staff were aware of the lines of authority and accountability within the organisational structure.

There were systems in place to monitor the quality and safety of the service. A programme of audits was completed by an external auditor. Audit findings were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed. These were discussed at management meetings. While policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff, the provider had yet to have a policy on Visits.

There was evidence of effective communication systems in the centre. Minutes of meetings reviewed showed that a wide range of relevant issues were discussed. The inspector found there was a strong focus on ensuring that residents were satisfied with the service received. This information was gathered through resident meetings and resident surveys.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. Newly recruited staff completed an induction programme.

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of Regulation 34: Complaints procedure.

### Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored. The centre was sufficiently resourced to ensure the delivery of care, in accordance with the centre's statement of purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of complaints found that concerns were promptly managed and responded to, in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. The inspector found that residents' rights and choices were upheld. However, a review of the fire safety systems in the centre found that fire precautions were not fully in line with the requirements of the regulations.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' personal emergency evacuation plans (PEEP) were in place for staff to access in the event of a fire emergency. Fire drills were completed to ensure staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency, however, the provider had not assessed the effectiveness of the training and drills as the inspector found that staff responses in what action to take on the sounding of the alarm were inconsistent. In addition, multiple fire doors, when closed, had significant gaps at



the bottom which meant that there was a risk that in the event of a fire, smoke would not be contained and this was a risk to resident safety.

All residents had an updated assessment of their needs completed to ensure the service could meet their health and social care needs. Each resident file reviewed had a range of clinical assessments completed using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident, which addressed their individual health and social care needs. Care plans were sufficiently detailed to guide care, and contained information that was holistic and person-centred. Daily progress notes were recorded, and detailed the current health care status of all residents whose files were reviewed. Residents were familiar with their care plans, and there was clear evidence of consultation between the nursing team and individual residents.

A review of residents' records found that residents had appropriate and timely access to their general practitioner (GP) regarding their healthcare needs. Residents in the residential unit continued to leave the centre to attend their GP in the community while residents in the nursing unit had GP access five days a week with on-call support when required. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by healthcare professionals was implemented.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Safeguarding was also discussed at resident meetings. Information posters were available for resident information. Staff advised that there were no safeguarding concerns at the time of inspection.

Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre. Residents attended resident meetings.

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends. Visitors expressed a high level of satisfaction with the care provided to their loved ones. Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

## Regulation 11: Visits

The provider had not developed a policy on visiting which is required by Regulation 11.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The inspector found that information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so and they knew how and when they could avail of services such as the hairdresser and various activities and outings.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety management systems were not fully effective. A number of fire doors when closed had significant gaps. This had the potential to impact on the containment of smoke and fire in the event of a fire emergency. In addition, staff awareness on the actions to be taken during an evacuation was inadequate. This posed a risk to the timely evacuation of residents, to a place of safety, in the event of an emergency.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to a medical practitioner with on-site medical availability five days a week. In addition, residents had access to health and social care professional services, in line with their assessed needs.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The person in charge was a pension agent for multiple residents living in the centre. The system in place was clear and transparent and in line with best practice guidance.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by the minutes of residents' meetings. The residents had access to local newspapers, radios, internet access, telephones and television.

The inspector found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents.

Advocacy services were available to residents as required and were advertised on notice boards in the centre, along with other relevant notifications and leaflets.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                    |                         |
| Regulation 15: Staffing                           | Compliant               |
| Regulation 16: Training and staff development     | Compliant               |
| Regulation 23: Governance and management          | Compliant               |
| Regulation 31: Notification of incidents          | Compliant               |
| Regulation 34: Complaints procedure               | Compliant               |
| <b>Quality and safety</b>                         |                         |
| Regulation 11: Visits                             | Substantially compliant |
| Regulation 20: Information for residents          | Compliant               |
| Regulation 28: Fire precautions                   | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant               |
| Regulation 6: Health care                         | Compliant               |
| Regulation 8: Protection                          | Compliant               |
| Regulation 9: Residents' rights                   | Compliant               |

# Compliance Plan for Cluain Arann Welfare Home & Community Nursing Unit OSV-0000674

Inspection ID: MON-0044950

Date of inspection: 18/06/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 11: Visits  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 11: Visits:<br>On 23.06.2025 the provider forwarded the new Visiting Policy to the Inspector. This policy will be brought to the next planned QSEC meeting for ratification.   |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"><li>• Staff Awareness: Staff Information sessions took place at each handover to raise staff awareness on the actions to be taken during an evacuation with Director of Nursing and CNM2. These commenced at staff handover at 08.00 hrs. on 19.06.25 and were completed on 16.07.25. Staff signing sheet maintained and 100% of staff have completed these awareness sessions. HSE Fire Action cards utilized at these sessions.</li><li>• Fire Doors: Maintenance Department plan to install smoke seals to bottom of corridor fire doors. This will be completed by August 31st 2025.</li></ul> Fire doors are on a scheduled plan for replacement by Fire Dept. in Q1 2026. Same escalated to management on 19.06.25 to be prioritized due to the findings of this report. |                         |



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation          | Regulatory requirement  | Judgment                | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 11(1)(i) | The registered provider shall ensure that the designated centre has a written policy, to include the process for normal visitor access. | Substantially Compliant | Yellow      | 23/06/2025               |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.                             | Substantially Compliant | Yellow      | 31/08/2025               |